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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

AUSTRALIA P08999 09/05/1997
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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged _____ Examiner's Signature _____	(PATRICIA ANN DUFFY/	Initials	AUSTRALIA	1	17	8

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TITLE

METHOD OF DIAGNOSIS

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